

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)

Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? No

(CFA-4) **Summary Sheet**

FILE NUMBER **TOTAL PAGES IN ENTIRE CFA-4 REPORT** 2

COMMITTEE INFORMATION						
1. Full Name of Committee (as on Statement of Organization) Check if this is a new name						
CONNITTEE, TO ELECT KINBERLY J BROWN						
2. Acronym or Abbreviated Name (if any)	7.0	3. Committee Telephone Number				
	(31					
4. Mailing Address (address where all campaign finance correspondence is received) Check if this is a new address						
4140. N. PARK AVENUE						
5. City, State, ZIP Code	6. Party Affiliation (if applicable)					
CANDIDATE INFORMATION (For Candidate's						
7. Full Name of Candidate (include any nickname)	8. Party Affiliation or If Independent Candidate					
KIMBERLY J. BROWN	K	DEMOURAT				
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Co	10. County of Residence				
SUPERIOR COURT JUDGE	^	JARION.				
TYPE OF REPORT			N CANDIDATES ONLY			
11. Check one:		Check one:				
Pre-Primary Pre-Election Annual Nomination Other		Pre-Conv	1			
Final/Disbands Committee (lines 18, 19, and 20 must be "0") U Outgoing Treasurer (within 10 days amend Statement	t of Organization	n) Post-Con	vention			
12. Reporting Period:	anul	COLUMN A This Period	COLUMN B Year to Date			
From: TANUARY 1, 2014 Through: DECENBER. 31,	2014		rear to Date			
13. Cash on hand and investments at the beginning of this reporting period.		233.12	E 2 12			
14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS			53.11			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	.,					
15a. Itemized (use Schedule A)						
15b. Unitemized						
15c. Add lines 15a and 15b in both columns	TOTAL	0.00	0.00			
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	233,12	53.12			
EXPENDITURES						
(Note: These amounts include in-kind expenditures and loan repayments.)						
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		333.12				
17b. Unitemized						
17c. Add lines 17a and 17b in both columns SU	BTOTAL	233.12				
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	n · 00				
19. Debts OWED BY the committee (use Schedule D)		0.00				
20. Debts OWED TO the committee (use Schedule E)		0.00				
			OB OFFICE USE ONLY			

GERTIFICATION						
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.						
Signature of Treasurer Title	Date					
Mond Francisco Treasuco	1-19-15					
Signature of Candidate (inapplicable)	Date					
Kendelly J. Brown	1-19-15					
WARNING: Any information confained in this report may not be copied for sale or used for any commercial	purpose. (IC 3-9-4-5) A person who knowingly					

files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



JAN 21 2015



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(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER					
Page_	2	of	2	_	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
chase Bank, INDPLS, IN		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	180.00	180-00	12/3/14
Kimberly J. Brown 1924 Kessler Bludw. INDPLS, IN 46229	Δr.	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	53112	53.12	1/19/15
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG	SE OF SCHEDULE B	\$233.12.		
TOTAL OF ALL PA	AGES OF SCHEDULE B ON THE (Enter total on ITEM 17a of		\$ 233.12		